

Name of Participant:	
Current School:	
Grade in School:	
Fmail:	

PERMISSION TO PARTICIPATE	IN YOUTH LACROSSE CLINIC	
	•	(" <u>Child</u> "), I hereby give ("Child") sponsored by North Andover
I understand and acknowledge that instructions provided by Clinic staff	at my Child must at all times follow th f while participating in the Clinic.	e written and verbal rules and
is the potential to be struck with a certify that I am aware of no physic activities while participating in or w	stick or a ball, to fall and/or otherwise cal or mental condition that could inh	ibit my Child's safe participation in such ic. I hereby agree that the Clinic's staff
j	and accident insurance in effect that Clinic, and I understand that NALAX	3 3 3
executors and administrators, waise Clinic instructors and supervisors, managers, employees, agents and damages or injuries arising out of law. I also understand and agree to the maximum amount covered by agree that the Released Parties as caused by my Child's failure to foll during, or after participation in the	ve, release, discharge, and agree to and each of their respective owners, d independent contractors (the "Releasor related to the Clinic or related activate any unreleased liability will be limited.	ased Parties"), from any and all claims, vities to the fullest extent permitted by nited to actual damages, not to exceed ined by NALAX, if any. I recognize and ty, damage, or injury that may be nice or willful acts committed prior to, injury caused by the intentional or
This release shall be governed by	Massachusetts law.	
Signature		